



## ROCKDALE COUNTY PLANNING AND DEVELOPMENT DRIVEWAY PERMIT APPLICATION

Date:

### PROPERTY INFORMATION:

Address of project:	
Name of business (existing or proposed):	
Name of property owner:	
Current address:	
Phone:	Email:

### CONTRACTOR INFORMATION:

Name of company:	
Name of main contact:	
Address:	
Phone:	Email:

### PROPOSED DRIVEWAY:

Purpose of the driveway (new, reconstruction, expansion, etc.):
Will the driveway connect to a Georgia State Route?
Will the driveway require a culvert?
Total square footage:
Exterior finish (all that apply):
Type of use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Estimated cost of driveway: \$

### SUBMIT:

- ☐ Detailed site plan with dimensions
- ☐ Georgia Department of Transportation permit (if applicable)

Signature of property owner: \_\_\_\_\_

### Department of Planning and Development contact information:

In person: 958 Milstead Avenue, Conyers, GA 30012 ◦ Monday through Friday, 8:00am to 5:00pm	
Mail: P.O. Box 289, Conyers, GA 30012	Phone: 770 278-7100
Email: <a href="mailto:permit@rockdalecountyga.gov">permit@rockdalecountyga.gov</a>	Fax: 770 278-8940

<input type="checkbox"/> Approved	Conditions: _____
<input type="checkbox"/> Denied	_____
Signature: _____ Date: _____	

**O.C.G.A. 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a Permit or License, as referenced in O.C.G.A. 50-36-1, from Rockdale County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- ☐ I am a United States citizen.
- ☐ I am a legal permanent resident of the United States.
- ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

**\*\* Wait to be in front of the notary before signing \*\***

\_\_\_\_\_, the undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Conyers, Georgia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
GA Registration No. and expiration date

Seal: